

In re application of: Bradley W. SMITH

Serial No.: 09/586,484

Filed: 01 June 2000

For: ELONGATED INFLATOR DEVICE, ASSEMBLY AND METHOD OF USE

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ Small entity status of this application under 37 C.F.R. 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 C.F.R. 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

	(Col.1)		(Col.2)	(Col.3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	26	MINUS	26	0
INDEP.	8	MINUS	6	2
FIRST PRESENTATION OF MULTIPLE DEPEND. CLAIM				

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia, 22313-1450, on	
25 August 2004	
Signature <i>Nick C. Kottis</i>	Date of Signature <i>25 August 2004</i>

SMALL ENTITY		OR	OTHER THAN A SMALL ENTITY	
RATE	ADD'L FEE		RATE	ADD'L FEE
x 09 = \$			x 18 = \$	
43 = \$			x 86 = \$172.00	
+ 145 = \$			+ 290 = \$	
TOTAL ADD'L FEE \$		OR	TOTAL \$172.00	

- \* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. \_\_\_\_\_ in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is attached.
- ☒ A check in the amount of \$ 172.00 is attached.
- ☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 19-3550. A duplicate copy of this sheet is attached.
- ☒ Any filing fees under 37 C.F.R. 1.16 for the presentation of extra claims.
- ☐ Any patent application processing fees under 37 C.F.R. 1.17

Pauley Petersen & Erickson  
2800 West Higgins Road, Suite 365  
Hoffman Estates, Illinois 60195  
(847) 490 1400  
FAX: (847) 490 1403

Respectfully submitted,

*Nick C. Kottis*  
\_\_\_\_\_  
Nick C. Kottis  
Registration No.: 31,974



3611  
✓ [Signature]

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Bradley W. SMITH

Serial No.: 09/586,484

Filing Date: 01 June 2000

Title: ELONGATED INFLATOR DEVICE,  
ASSEMBLY AND METHOD OF USE

Group No.: 3611

Examiner: L. Lum

**AMENDMENT E**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated as mailed on 25 May 2004,  
please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begin on  
page 2 of this paper.

**Remarks/Arguments** begin on page 13 of this paper.

08/31/2004 SHINASS1 00000018 09586484

01 FC:1201

172.00 0P

I hereby certify that this correspondence (along with any paper referred to as being attached or  
enclosed) is being deposited with the United States Postal Service as First Class Mail in an  
envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

25 August 2004  
25 Aug 2004  
Date

[Signature]  
Signature